LICENSURE AND CERTIFICATION

PROCEDURES MANUAL

Department of Mental Retardation
Executive Office of Health and Human Services
4th Edition
April, 2004

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APPENDICES

I. PREFACE

A. Introduction

This is the fourth edition of the DMR Licensure and Certification Procedures Manual (April, 2004). As has been the case with previous revisions, the changes detailed in the fourth edition reflect the combined wisdom of individuals, families, providers, staff of the Office of Quality Enhancement (OQE) and DMR staff as well as national trends in the area of quality management.

Over the course of the past year, staff of OQE within the Office of Quality Management (OQM) conducted an intensive review of the survey and certification system to assure that both the tool and process continued to improve and enhance our ability to measure important outcomes in the lives of people with mental retardation. OQE utilized a variety of approaches to inform the decision making process including, but not limited to the following:

- Focus groups comprised of family members, providers and DMR staff were held throughout the state to gather input regarding the strengths of the system as well as recommendations for change.
- The results of a validity study conducted by the Human Services Research Institute were reviewed and incorporated into the proposed revisions.
- Extensive research into tools and processes utilized by other states was conducted to gather information. This included a two day round table discussion with several other states including Ohio, Rhode Island, Pennsylvania, Colorado, and Utah.

The revisions outlined in the Manual:

- Clearly delineate those outcomes that are a pre-requisite for any provider to be licensed with the Department.
- Maintain an important focus on other qualitative outcomes in people's lives through a certification process whose focus is continuous service improvement.
- Streamline the process to make it more effective and efficient.
- Introduce a new certification tool to evaluate and certify the services of people receiving individual supports.

The major changes are summarized on the following pages, and are described in more detail in the text of the Manual.

Summary of Changes:

- The processes of licensure and certification have been separated so that there is a clear distinction between those essential safeguards required for licensure and those personal outcomes upon which providers should focus their service improvement efforts for purposes of certification.
- A license to operate is based upon a review of essential safeguards in people's lives including rights and dignity, health and safety. Levels of licensure are a Two Year License, a Conditional One Year License or a recommendation of non-licensure.
- Because of the importance of maintaining a focus on continuous service enhancement in important outcomes such as individual control, community and social connections and personal growth and accomplishments, providers will be reviewed in these areas and the quality of their supports certified. While the results of this certification process will be public information, the results of the review will not impact on a provider's license to operate. Rather the review is intended to give valuable information to providers, individuals and families regarding areas of strength as well as areas that could benefit from service improvement efforts.
- Providers have the option of using a deemed accreditation process in lieu of the Department's review for the purposes of certification only, not in lieu of the Department's licensure review. Currently, providers have the option of deeming either The Council on Quality and Leadership in Supports for people with disabilities (The Council) or The Council on Accreditation of Rehabilitation Facilities (CARF). Other organizations may be added in the future.
- Providers that maintain a Two Year License and an "achieved" rating for all of the quality of life outcomes (including rights and dignity, health and safety, individual control, community and social connections, personal growth and accomplishments, and the organizational outcomes) will be designated as an agency "with distinction." Those providers with distinctive status will be subject to a licensure survey only during their next scheduled review. Both a licensure and certification review would need to be completed on alternate review cycles.
- Other procedural changes make the survey process more effective and efficient. These include eliminating deferred status, revising the process by which required training is reviewed, shortening the report format so that it gives more succinct information regarding both individuals and provider performance and reducing the sample size.

Additional processes:

- OQE will be certifying the quality of services for individuals receiving "Individual Support Services". This will be accomplished through the utilization of a new tool included in this manual. The process is one of certification (that is attesting to the overall quality of supports), not of licensure.

- OQE will also be conducting consumer interviews as part of the DMR's involvement in the National Core Indicators (NCI) project. Surveyors interview a sample of individuals to determine their satisfaction with various areas of their lives. The information is used cumulatively to measure overall consumer satisfaction, and is used to benchmark Massachusetts with a set of nationally agreed upon indicators. It is not an evaluation of the quality of a provider's supports.

At the time of publication of this edition of the manual, OQE and DMR staff continue to work on cooperative efforts with the Executive Office of Health and Human Services, providers, and individuals and families to decrease unnecessary duplication, to increase the availability of information regarding provider quality so that individuals and families can be more informed purchasers of service, and to clarify important outcomes and their objective measurement. It is anticipated that a revised tool and scoring system for licensure and certification will be implemented in the near future.

As we enter our eleventh year of implementation, we trust that the changes reflected in the fourth edition serve to make our process more transparent, more effective and efficient and most importantly, continue our commitment to both assurance of essential safeguards in individuals' lives as well as enhancing personal outcomes.

We would like to express our appreciation to the many of you who have, in the spirit of cooperation, shared generously of your time, thoughts and creativity. Finally, we thank the individuals who receive supports for allowing us to share in their lives, if only for a brief period of time. We continue to be amazed at both the small and large triumphs that people achieve and hope that the continuing partnership of DMR, providers, families and individuals will help people move closer to realizing their hopes and dreams.

Office of Quality Management
April 2004

II. THE VISION OF THE OFFICE OF QUALITY ENHANCEMENT

A. Statement of Vision

The Office of Quality Enhancement (OQE) is located within the Office of Quality Management of the Department of Mental Retardation (DMR). As with all components of DMR, the OQE is committed to the Department's mission of creating innovative and genuine opportunities for individuals with mental retardation to participate fully and meaningfully in, and contribute to, their communities as valued members.

The OQE fosters the realization of the Department's mission in several unique ways. As a licensure and certification unit, the OQE serves as a catalyst for change in supporting providers of service to continually improve their supports to individuals. Through other processes including site feasibility, pre-occupancy approvals, safeguard systems reviews and review of waivers, the OQE assures that essential safeguards for individuals are present in home and work settings. Lastly, through the creation and dissemination of information regarding quality supports, the OQE serves an important technical assistance and consultative role to individuals, families, providers and DMR staff.

The success of the OQE in achieving its stated purposes rests with its ability to carry out certain guiding principles. Because the licensure and certification process, by definition, is an anxiety provoking one, it is critical the OQE create a constructive, communicative and service enhancing tone in all its activities. OQE must also respect and value the contributions of all the individuals, providers and DMR staff with whom it comes in contact, and honor the essential partnerships involved in supporting quality in individuals' lives. Finally, OQE must recognize the importance of sharing the information it collects in a supportive and constructive manner, which facilitates both individual and systemic change. This is no small mandate for the OQE and requires that the Division examines its own service practices on an ongoing basis and that it supports ongoing training and sharing of ideas.

Stated succinctly, the vision of the OQE is:

To promote the continuous improvement of the quality of individuals' lives through licensing and certifying providers, overseeing the implementation of important safeguards, and serving as a catalyst for positive change by providing technical assistance and consultation to people within and outside of the Department.

B. Operating Principles

The Office of Quality Enhancement utilizes the following principles to guide its work:

1. The processes are based on a qualitative evaluation of individual outcomes for people and with the goal of ensuring quality supports consistent with individuals' preferences and needs in settings that promote dignity, safety, inclusion and self-determination.

2. The processes promote the value and worth of all individuals.

3. The processes are inclusive and collect information from a variety of sources including the individual and those close to him/her.

4. The processes use a set of standards that are applied in a respectful, professional, fair and neutral manner.

5. The processes model respect for individuals, providers and other colleagues.

6. The processes are collaborative and service enhancing and nurture and expand linkages with those in and outside of the Department.

7. The processes gather, analyze and disseminate information through a data based management system to promote systemic change.

8. The system recognizes the essential importance and interrelatedness of all areas of a person's life including health and safety, rights, individual control, community membership, relationships and goals and accomplishments.

III. LICENSURE AND CERTIFICATION PROCEDURES

A. Background and Context

Since the inception of the survey and certification process in 1994, the Department of Mental Retardation has been assessing the quality of supports provided by both public and private providers to help individuals obtain important outcomes in their lives. This evaluation process formed the basis for certifying (licensing) agencies to provide services and supports to adults with mental retardation in Massachusetts. Providers have been evaluated and subsequently licensed based upon the quality of their supports and their ability to impact on the quality of people's lives in areas including health, safety, rights and dignity, relationships, community connections, individual control, and growth and accomplishments. These outcomes reflect goals to which all individuals, disabled and non-disabled aspire.

When first initiated, the inclusion of such personal outcomes as relationships, community connections and individual control in the criteria for licensure, represented an effort to elevate these outcomes to the same level of importance previously attributed to health and safety concerns. The emphasis on personal outcomes in the review process, in the collective awareness and commitment from the provider community, and most importantly from the insistence of individuals and families who value and expect these outcomes, have virtually assured their continued prominence in any local, state or national quality assurance system.

As we move into the next stage in the evolution of our licensure and certification system, we know that our collective community of stakeholders has matured to the point that personal outcomes in such areas as relationships, community connections and self determination will never be relegated to a less important status than health and safety. On the other hand, we also know that outcomes in these areas take enormous effort, creativity and time. While it is critical to acknowledge the importance of working on these areas and their achievement over time, DMR and its providers must be able to assure that essential health and safety outcomes are in place. These safeguards must in short, be present in order for a provider to operate, i.e. be licensed. A provider's ability to assist an individual to achieve other quality of life outcomes must also be reviewed, but are better recognized and treated as part of a process of continual service enhancement, one in which DMR and its providers are working in partnership, over time, to achieve.

Consequently, the Fourth Edition of the DMR Licensure and Certification Procedures Manual makes a clear distinction between the licensure and certification processes.

B. Definition of Licensure

Licensure is the provider's legal authorization to provide services or supports, and is now based upon the presence of essential safeguards in areas relating to health, safety and rights. These essential safeguards are non-negotiables, that is they must be in place in order for a provider to serve adults with mental retardation in the state. In the past version of the survey tool, these outcomes were given extra weight by carrying a

designation as "flagged" outcomes. The revised process takes these "flagged" outcomes and clearly defines them as the basis for licensure.

C. Definition of Certification

Certification is the process by which outcomes in people's lives, in addition to health and safety, are reviewed. These include relationships, community connections, individual control and growth and accomplishments. These outcomes are equally as important, but can occur over time and are part of a provider's ongoing service enhancement process. These outcomes are largely determined by an individual's preferences and tend to require more time to realize. The certification process therefore, while distinct from the provider's license to operate, provides important information to providers, individuals and families regarding valued personal outcomes in people's lives. It also measures the provider's ability to assist individuals to achieve outcomes delineated in the Department's mission statement and regulations. The information generated from the certification process. enables providers to continually enhance their supports and enables individuals and families to be more informed purchasers of services.

As an outcome based system, the certification review continues to evaluate what is important in the lives of individuals and does not dictate how the outcome must be attained. It also recognizes that the evaluation is done at a "point in time" and that not all outcomes will be equally important for all individuals at any one time. The manner in which an outcome is achieved can differ widely but should be directly related to the individual's abilities, needs and personal response to different supports.

Evaluating outcomes for individuals is both a critical as well as challenging process. It requires looking beyond paper and processes and focusing in on what is important to individuals; to focus on the whole person and be willing to look beyond supporting programs to supporting individuals.

The findings of an agency's certification review do not impact its level of licensure, but are outlined in the agency report generated through DMR OQE or the deemed accreditation agency report. The report outlines the agency patterns and trends found during the review for each separate service (i.e. residential, day/community, and site based respite supports.) The report is a public document and can be obtained upon written request. It is our goal to have summary information from the report available through the DMR website in the future.

D. Eligibility and Requirements for Licensure and Certification

Licensure and Certification applies to all providers subject to the requirements of Chapter 19B, section 15(a) of the Massachusetts General Laws. According to Chapter 19B, DMR, has the authority to issue licenses "to any private, county or municipal facility or department or ward of any such facility which offers to the public residential or day care services and is represented as providing treatment of persons who are … mentally retarded, and which is deemed by it to be responsible and suitable to meet applicable licensure standards and requirements…" Consistent with current language in Chapter 19B of the Massachusetts General Laws, DMR will license private agencies, county or

municipal facilities whose primary purpose is providing services to adults with mental retardation and which do not receive DMR funding when they are not regulated by any other state or federal agency.

Definition of a Provider

The survey and certification processes do not lead to a license and/or certification for discrete program locations. Rather, the entire provider is licensed with one level of licensure that includes all the various supports it provides. The licensure and certification processes report out scores for the quality of supports by specific service types (i.e., residential, day/employment and site based respite) within a provider, but not by each location.

The definition of a provider is typically determined by its unique Federal Employer Identification Number (FEIN). While this continues to be appropriate for the vast majority of providers, situations arise where providers merge, form subsidiaries or affiliates but maintain their unique FEINs. In these situations, a determination is made regarding the provider's status, by reviewing the organizational threads that bind the affiliates together. When an agency has more than one FEIN, the determination as to whether they should be surveyed as one or separate agencies should rest with a review of several key variables. These variables include:

1. Shared management, and
2. Common oversight and governance, and
3. Common personnel and program policies

If the agency has the preponderance of the above criteria in common, then it will be considered one agency for purposes of licensure and certification.

E. Services Subject to Licensure and Certification

Services subject to licensure and certification by the Department of Mental Retardation include the following:

Residential Supports

- 24 hour supports
- less than 24 hour residential supports
- shared living/home sharing (placement services)

Work/Community Based Day Supports

- Employment Supports
- Community Based Day Supports

Site Based Respite Services

- Services not subject to licensure:

- Transportation services
- Family support services
- Clinical teams
- Individual support

Supports to persons with mental retardation are also not subject to the licensure and certification process if they are regulated by another state or federal agency. This includes:

- DMR operated residential facilities certified by the Department of Public Health pursuant to Title XIX of the federal Medicaid regulations.
- Services to individuals with mental retardation where there is at least one individual under the age of 18. Pursuant to an inter-agency service agreement, the Office of Child Care Services (OCCS) retains licensing responsibility for these services.
- Day habilitation services licensed by the Department of Public Health pursuant to federal Medicaid regulations. DMR will, however, license a program that serves people attending a day habilitation program, when it offers a unique and separate component that is not incorporated into day habilitation services. An example of such a situation would be a separate vocational component for individuals who also attend a day habilitation program for part of their day.

F. Services Subject to Certification Only

At the current time, individual support services are subject to certification only, not licensure. Other services may be added to those subject to certification only in the future.

G. Deemed Status

The DMR regulations, specifically 115 CMR, Chapter 8.02(3), contain a provision that enables national accreditation processes to be deemed as equivalent to the Department's certification review process. The Department has, consistent with the regulations, deemed CARF and The Council for the certification review in lieu of the Department's certification review. The responsibility for conducting the licensure review rests with the state and no other outside accreditation agency will be deemed in lieu of that process. Providers, however, may choose to use an approved deemed process for the certification review for all or part of their services. Providers are eligible to use a deemed process as long as they maintain a Two Year License.

H. Application for Survey (See Appendix A)

All agencies subject to licensure and/or certification must submit a survey application 90 days prior to the expiration of the agency's license or certification. A provider will be considered to be operating with a valid license as long as the survey application is on record with the Office of Quality Enhancement within the prescribed timeframe.

Agencies receive an application packet 120 days prior to the expiration date of their current license. The application packet includes:

1. Cover memo;
2. Application form;
3. Computer printout of the agency's services subject to licensure and/or certification along with a listing of individuals receiving services at each location.

Providers are required to verify and correct information generated and submit it to the Office of Quality Enhancement 60 days in advance of the survey. This is a critical component of the survey process as this information forms the basis for selecting the sample of individuals whose services will be reviewed. Providers also need to identify a liaison from their agency to the regional OQE office in order to facilitate communication and the scheduling of the survey. Additionally, providers need to confirm whether they will be using a deemed accreditation review in lieu of the Department for their certification review. Providers that have services that cross over regional lines will be assigned a "host" region for purposes of the survey process.

When a provider new to the Department, that is one that has not been previously licensed, begins a service, the provider will be informed that it must apply for licensure and/or certification. The provider will be subject to a safeguard system review within 60 days of the commencement of services. (Safeguard System Reviews are described in Chapter VI)

IV. THE LICENSURE AND CERTIFICATION TOOL AND PROCESS

A. Tool for Licensure and Certification (QUEST)

1. Development and Modification of the Tool

The Quality Enhancement Survey Tool (QUEST) has as its primary focus, the evaluation of supports to help individuals reach important outcomes in their lives. These outcomes reflect goals to which all individuals, disabled and non-disabled aspire, including health and safety, relationships, community connections, self-determination, and accomplishments. The original survey tool was implemented in January, 1994 with the publication of the first Survey and Certification Procedures Manual. Individuals, families, providers and Department staff offered a rich array of thoughts and ideas that were used in creating the tool. Five full years of implementation brought with it substantial experience in using the tool. The in-depth information about the tool gathered over time served as a catalyst for making substantive changes to enhance its overall quality. The current survey tool was revised and implemented in March of 1999. DMR, QE staff as well as providers, families and individuals are currently working on further revisions to the tool to make it clearer and more transparent. (See appendix B-1 for a complete version of the current tool.)

2. Description of the Tool

Part I – Individual Service Quality Review

The QUEST tool measures quality of life within five dimensions. Each Quality of Life Area begins with a statement of principle that, in broad terms, describes the overall intent and philosophy behind the Quality of Life Area, which is a helpful guide to team members and providers. Each Quality of Life Area is divided into three or four "outcomes" that demonstrate and define what the Quality of Life Area means in the lives of individuals. While it is important that the outcomes be present in each person's life, how each outcome is actualized is based upon that individual's unique desires, abilities and needs and what is important to him or her at that point in time.

The Quality of Life Areas and outcomes are as follows:

a. LICENSURE OUTCOMES – The following outcomes are those designated as the basis for licensure as described in earlier sections of this Manual.

QUALITY OF LIFE AREA: RIGHTS AND DIGNITY

Outcomes

1. People are valued.
2. People's rights are affirmed.
3. People's rights are protected.

QUALITY OF LIFE AREA: PERSONAL WELL BEING

Outcomes

1. People are safe at home and work.
2. People are protected from harm.
3. People maintain good health.
4. People's funds are safeguarded.

b. CERTIFICATION OUTCOMES – In addition to the outcomes required for licensure, the following outcomes are reviewed to certify the overall quality of a provider's supports. The certification review may be conducted by DMR using the QUEST tool or by a deemed accreditation agency.

QUALITY OF LIFE AREA: INDIVIDUAL CONTROL

Outcomes

1. People are understood.
2. People make choices in their everyday lives.
3. People are the primary decision makers in their lives.

QUALITY OF LIFE AREA: COMMUNITY AND SOCIAL CONNECTIONS

Outcomes

1. People are integrated into their community
2. People are connected with their community.
3. People have relationships.

QUALITY OF LIFE AREA: PERSONAL GROWTH AND ACCOMPLISHMENTS

Outcomes

1. People accomplish their goals.
2. People have autonomy.
3. People grow through their life experiences.

A "theme" or overall definition serves as an introduction to each outcome. The seven outcomes that comprise the licensure component of the tool are those outcomes that are critical to an individual's rights, safety, health and economic security. Many of the requirements contained in the licensure outcomes are based on the Department's regulations and serve as the foundation for determining if the outcome is present.

Following each outcome in the tool are several "indicators" which represent the service practices that support the presence of the outcome in people's lives. Some indicators apply to all the services and supports being reviewed; some apply solely to homes and site-based respite supports; others apply solely to work or community supports.

The tool also contains examples of supports, which are some of the ways that the presence of the outcome is actualized in people's lives. The examples are not exhaustive and are not intended to be the sole determinants of whether an outcome is present. Rather they are intended to give some guidance as to how an outcome might be actualized.

Part II – Organizational Outcomes

In addition to a review of agency supports it provides to individuals, there is a review of agency systems to maintain and enhance positive supports. The organizational outcomes measure agency strength and coherence within three major areas.

> **LICENSURE OUTCOME** – Reviewed as part of the licensure process described earlier.
>
> Outcome 1: The organization has systems in place to safeguard individuals.
>
> **CERTIFICATION OUTCOMES** – evaluated by DMR or a deemed accreditation agency in conjunction with the individual certification outcomes noted above.
>
> Outcome 2: Staff have the skills and knowledge to support the quality of life of individuals.
>
> Outcome 3: The organization has systems in place to safeguard individuals.

Every organization has its own unique way it is structured to support positive outcomes for people. There is no one size fits all. This is reflected in the tool, which defines the outcomes and asks the provider to demonstrate the unique ways that they are present within the agency's own organization.

3. Scoring System and Ratings

The scoring system used to determine the level of licensure and certification findings for the provider is derived from the ratings received for each individual in the sample. Each individual survey receives ratings based upon the impact of the provider's supports on the quality of the individual's life. The survey team uses the cumulative ratings of the individual surveys to arrive at the patterns, trends and practices of the provider agency. The scores for each individual survey are averaged to arrive at an overall rating for the outcome for the entire agency. The overall ratings for each outcome are then averaged to arrive at a rating for the entire quality of life area, which forms the basis for the provider's level of licensure and qualitative findings for the purposes of certification.

Arriving at a rating for an outcome

Each of the outcomes reviewed for the individual as well as the outcomes reviewed for the organization are rated either exceeds, achieved, partially achieved or not achieved. Following is a definition and explanation of the ratings:

EXCEEDS

Definition

The outcome is present. Commendable services and supports are a model for others to replicate.

Explanation

This rating is used when a surveyor encounters a situation where a provider's services and supports for an individual reflect a level of intensity, creativity, and uniqueness that is not often seen. While not always, the supports may be in response to particularly challenging situations and result in outcomes for individuals that are truly outstanding. Because of the unique nature of the supports, they represent service practices that ought to be shared with and replicated by other providers faced with similar situations.

ACHIEVED

Definition

The outcome is present at this point in time for the individual. Services and supports are either not needed at this time, or are in place and the person is benefiting.

Explanation

In order to reliably use this rating to measure outcomes, the surveyor must recognize that a survey is a "point in time" look at the quality of an individual's supports. The surveyor must also realize that having a quality life and achieving one's hopes and desires is a journey and a process. It is unlikely that a surveyor coming in once a year at best will see every individual reach all his or her desired outcomes at the time of the review. Therefore, it is important that the surveyor be able to arrive at a rating based upon what they see happening for an individual at the time they are reviewing their supports. There are four situations that the surveyor may observe, which would allow them to give a rating of achieved:

1. The outcome is present for the person even though supports and services are not needed to help the individual actualize the outcome.

2. The outcome is present for the person with the help of appropriate services and supports.

3. The outcome is considered present at this point in time and the person is benefiting. This would mean the surveyor observed the following:

a. Services and supports are in place that reliably predict the attainment of the outcome in the future. This means the supports must be systematic, intensive, consistent and individualized, and

b. The individual is benefiting from the supports. This means that the individual is deriving some level of satisfaction from the support and that the person is moving in the direction of the stated goals, visions or dreams.

4. The outcome is not present, but this is as a result of a clear and conscious choice on the part of the individual receiving supports. In these situations the surveyor must analyze his/her findings and respond affirmatively that:

a. The individual was exposed to an array of options and an intensive level of effort by the provider consistently and over a period of time; and

b. Education and support in understanding the responsibility, consequences and alternatives was provided to the individual; and

c. The individual has made a clear and conscious choice which is understood by the individual and those that support him/her; and

d. The choice is revisited periodically to determine whether the individual may have changed his/her mind.

PARTIALLY ACHIEVED

Definition

The outcome is not present and the services and supports are only partially in place to achieve the outcome in the future.

Explanation

In this situation, the outcome for the individual is clearly not present and there is no real benefit accruing to the individual at the time of the survey. While there may be some supports in place, they are not of an intensive nature, they may be used inconsistently, and/or they may not be tailored to the unique needs of the individual.

NOT ACHIEVED

Definition

The outcome is not present. The services and supports are either minimally in place or absent.

Explanation

In this situation, the outcome is clearly not present for the individual. Furthermore, the staff of the agency have given little or no thought to strategies that would assist the individual, and/or have not implemented any productive supports over time, and/or have no individualized approach to services, and/or are not addressing a major area or have decided that a person's disabilities preclude them from even attempting to strive for certain goals.

NOT RATED

There may be times when a particular outcome is not rated (N/R). This is used when the outcome does not relate to the service being reviewed. An example of such a situation would be in the outcome for community involvement. For agencies providing employment supports supporting individuals to be involved members of their community would not be an expected outcome and therefore it is inappropriate to assign a rating.

Area Needing Improvement:
Any measure that receives a partially achieved or not achieved rating will be accompanied by an area needing improvement (ANI). While less frequent, it is possible that an overall outcome receives an achieved rating, but that there is a service practice that needs to be addressed. In this situation, the team may include an ANI.

Suggestion for Service Enhancement:
Any outcome can also receive a suggestion to enhance the quality of supports in a particular area. While not required, these suggestions are recommended as mechanisms to enhance services and supports to individuals.

Commendation:
Outcomes rated as Achieved or Exceeds can receive a Commendation. Commendations are references to those commendable practices that the survey team took note of, and recognized as a model for others to replicate.

TABLE I

DEFINITION OF RATINGS

Outcome	Services and Supports	Rating	ANI, Suggestion, or Commendation
Outcome Present +	Exemplary Services and supports in Place=	Exceeds	Commendation is Written
Outcome Present +	Services and supports not needed at this time =	Achieved	Could have an ANI or Commendation, or suggestion for service enhancement
Outcome considered present at this point in time for the person +	Services and supports are in place (predicts success in achieving the outcome in the future; provider systematically addressing this area for the person; changes in response to the person's changing desires and needs) =	Achieved	Could have an ANI or Commendation, or Suggestion for service enhancement
Outcome not present +	Services and supports only part or inconsistently in place (not sufficient to predict success in achieving the outcome in the future) =	Partially Achieved	-Must have an Area Needing Improvement
Outcome not present +	Services and supports absent, only minimally in place (not or only minimally addressing this area for the person; or not addressing a major area of the outcome; cannot predict any success in achieving the outcome in the future) =	Not Achieved	-Must have an Area Needing Improvement

4. Discussion Guides and Individual Service Quality Findings Worksheet

Discussion Guides: As described in the Individual Review section of the Manual, there is much to be learned by talking with the individual as well as other important people in his or her life. The Discussion Guides offer a helpful set of questions for the individual, guardians and/or involved family members, staff and Executive Director. The questions do not represent a sum total of the conversation with different people, but rather are "beginning points" around which to initiate a dialogue. The guides can be used by team members during the course of a survey and by other organizations that are planning to use the tool for staff training or self-evaluation. (See Appendix B-3)

Individual Service Quality Findings Worksheet: The Worksheet serves as a companion to the survey tool and fulfills three functions: (see Appendix B-2)

1. Used by surveyors to outline their findings for all outcomes reviewed. This becomes the record of surveyor findings. Surveyors are required to complete the applicable components of the worksheet for each individual survey.
2. Companion to specific licensure outcomes in the tool that measure aspects of individuals' lives that are critical to their health, safety, rights and economic security. Primarily captures safeguards articulated in the Department's regulations. This ensures surveyors carefully and consistently review the safeguards during the course of the survey.
3. Can be used by providers who may choose to use the worksheet between surveys to ensure that staff are providing needed supports to individuals.

B. Process for Licensure and Certification (QUEST Tool)

1. Sample Selection

The level of licensure and the certification review findings for a provider are based on the cumulative ratings of the supports reviewed for a sample of individuals served by the agency. Sample selection is therefore a very critical element of the survey process, as it is through this representative number of individuals that findings are reported with respect to patterns, trends and service practices in the overall quality of services provided by the agency. In order to report findings on patterns and trends in the quality of the provider's supports, it is essential that the sample selection be representative of the types of services the agency offers. It is also important that the sample selected for each discrete service type is in proportion to the percentage it represents of the total population of individuals served.

The following principles were used to develop the sampling methodology:

1. The sample selection process must be a fair and objective one.
2. The process must enable DMR to arrive at an accurate level of licensure and findings of the certification review.
3. The process must be representative of the discrete types of services the provider offers.

Based upon the above principles, the following methodology was developed:

1. The total number of individuals with mental retardation served by the agency within services that require licensure is determined. For the most part, these individuals have been determined to be eligible for DMR services and will appear on the Department's Consumer Registry System, but this is not always the case. Individuals with mental retardation who are unfunded, privately funded or funded by other states will be incorporated into the total count.
2. A percentage of individuals to be included in the sample is selected, which is based on the total number of individuals served across all components of the agency's residential and work/community supports. (Please refer to the following chart for the specific percentages.)

RANDOM SAMPLE SELECTION CHART

Total # of Individuals Served	Sample size
1-2 individuals	100%
3-5 individuals	60%
6-50 individuals	25% with a minimum of 3 and a maximum of 9
51-150 individuals	18% sample with a maximum of 18
151-300 individuals	12% sample with a maximum of 27
301 individuals and up	10% sample with a maximum of 45

3. The total sample is divided into residential and work/community supports in a proportion that accurately represents each of the agency's service types.

4. Residential and work/community supports are further divided to assure a fair representation of residential supports, placement services, work supports, including congregate and community jobs, and community support The sample selection process will, wherever possible, assure that:

    a. There will be representatives in the sample from each congregate day site;
    b. No more than one person in the sample will be selected from any one 24 hour home;
    c. Individuals whose services were reviewed in a specific support will not be surveyed for that same support in consecutive reviews. They could be chosen for a different support.

    During the survey, the survey team will also do safeguard systems reviews in every 24 hour staff home that is not included in the survey sample. This assures that all 24-hour homes are visited either for a full review or a safeguard review. (See Appendix D-1 for full description of Safeguard Systems Review process.)

Due to the differences in the range of services and people served in site based respite services, the process for sample selection is somewhat different. In selecting individuals for review, the sample selection process is more purposeful. The sample selection process assures that individuals reviewed allows for collection of information regarding the agency's ability to serve people with health care needs, behavioral concerns as well as those in planned versus emergency stays.

The primary responsibility for sample selection rests with OQE staff and relies heavily on the accuracy of individual and service information that is submitted as part of the provider's application for licensure and/or certification. There may be extenuating circumstances that would preclude individuals chosen as part of the sample from involvement in the review. Examples of such circumstances might include the hospitalization of an individual, absence due to a vacation, or some other situation in the individual's life, which would make the conduct of the survey an undue burden for the individual. In such situations, the provider should consult with the survey team and make alternate arrangements prior to the beginning of the survey.

2. Scheduling of the Survey and Notification

Once the Central QE office receives the completed application, the process of scheduling the survey begins. Regional and Area Directors receive notification of the survey schedule and names of the individuals selected as part of the sample.

Once the specific sample is selected, the survey team leader will notify the agency liaison. Notification to the agency is made 21 days in advance of the survey. Individuals selected as part of the sample (and their service coordinators) are notified in writing 15 days prior to the survey in order to be respectful of the individual's right to be informed and to accommodate the scheduling of visits.

Notification to the individuals selected, as part of the sample is critical for two important reasons. First, QE staff needs to be respectful of an individual's right to be fully informed of the process in which he/she will be involved. Second, the survey process is much more productive and results in richer information if the individual is an informed and cooperative partner in its implementation.

The primary responsibility for speaking with the consumer rests with the service provider. The primary emphasis of the message to the individual should be that the subject of the evaluation is the quality of the services the provider offers, not the individual. The guardian of the individual selected as part of the sample also receives a notification letter at this time.

When properly informed, most individuals want to be actively involved in the survey process. However, there may be instances where an individual chooses not to be interviewed directly. DMR recognizes and honors the individual's right to refuse to be interviewed personally, but nevertheless maintains the individual in the sample and evaluates the quality of his/her services.

Scheduling of specific visits is arranged at the participants' mutual convenience, balancing the time constraints of team members with the need to be sensitive to the routines of daily life of the individuals in the sample and provider staff. The role of the provider liaison is critical to the success of the process.

3. The Survey Team

The Regional Quality Enhancement Director is responsible for determining the composition of the survey team.

In selecting team members for a particular survey, the Regional QE Director assures that proposed team members have no interest in the provider or individuals being surveyed that might compromise the integrity of the process. QE staff adheres to the conflict of interest policy developed by the Department and included in Appendix E to this Manual. Providers are informed of the team composition well in advance of the survey and are given the opportunity to request a change in membership prior to the onset of the survey. The basis for any request, however, must be consistent with the criteria outlined in the conflict of interest statement.

In addition to QE staff, the Regional QE Director may utilize other DMR staff, and citizen volunteers. The involvement of citizen volunteers in all surveys has been a stated goal of the Office of Quality Enhancement since its inception. Citizen volunteers offer a unique contribution to the survey process. Whether they are consumers, family members or other interested individuals, citizen volunteers offer an invaluable perspective into the quality of life of people we support. Since volunteers may not have time to participate in all aspects of the survey process, QE staff will tailor their involvement in order to assure that their perspective enriches the evaluation process. While they will not review written information about the individual, they may participate in any and all other aspects of the process in conjunction with survey team members.

Team Size

The size of the team will vary depending upon the size of the provider. In some circumstances, where a provider is serving a very small number of individuals, the survey may be completed by one team member. Increasingly, providers are offering services across several different regions. In these situations, one QE region will be assigned to be the "host" region, and team members may be drawn from the other regions where the provider serves individuals.

4. Conduct of the Survey

Setting the Tone

It is very important that the survey team set a tone for the entire review that fosters a collaborative, constructive, service enhancing approach.

The team leader will work with the provider liaison to establish the general framework and schedule of the survey. If requested by the provider, the team will hold an orientation session for agency staff to inform staff that may be unfamiliar with the process about what to anticipate during the course of the review and to set the tone for the survey.

The survey process, from the initial contact with the provider to the conclusion of the survey, should be characterized by an open and honest flow of communication between all involved. The team leader and team members are expected to communicate with provider representatives at all stages of the survey. While the service enhancement meeting is scheduled for the end of the survey review, the flow of communication during the various visits and observations should lead to "no surprises" at the conclusion of the process.

Individual team members will typically arrange their individual reviews prior to the survey start date. The scheduling of the visit(s) will take into account the overall timeframes of the survey and the daily routines of the individual being surveyed. In scheduling the visits, the team member may also take the opportunity to gain important insights into the individual's preferred mode of communication and any other factors that would facilitate interchange between the team member and the individual.

The Survey Sequence

The survey consists of two primary components, the review of the impact of the provider's supports on the quality of life of the individual and the organizational review. In order to conduct the review of the individual's services, the surveyor uses three primary approaches to arrive at his/her conclusions: observation, discussion with the individual and key people in his/her life, and review of documentation.

While the surveyor is reviewing an individual is services at a "point in time," the combination of techniques used enables the surveyor to gather a wealth of information

regarding the impact of services on the individual's life. Following is a brief discussion of the key components of a review.

a. <u>Individual Review</u>

Observation

Observation of outcomes in the lives of individuals is one critical component of a team member's review. It is through this process that team members begin to determine whether the provider's services and supports are resulting in beneficial outcomes for the individuals being surveyed.

Observation provides the team member with information about what is occurring in the life of an individual and about the outcomes of services and supports. The team member must be able to observe activities objectively and unobtrusively.

When a team member is reviewing the individual's residential and work/community supports, he/she will visit both service locations. Where only one support is being reviewed, only that service location will be visited. Team members do not routinely visit an individual at supported or competitive employment sites unless there is agreement between the individual, provider and employer. Individuals selected as part of the sample living in homes they own or lease have the right to refuse a visit to their home if they so choose. While this request will be honored, the review of the individual's supports will still take place. When conducting a licensing review only, observation may be more limited.

Discussion

Discussions with the individual, people close to the individual, and knowledgeable staff provide valuable information, which is incorporated into the survey. Most important is the discussion with the individual. To make this a positive experience, the team member tailors discussion to complement the person's method of communication and personal preferences. Team members make every effort to assure that the discussion with the individual is a comfortable, non-threatening experience for the person. Individuals have the right to refuse a personal interview and such a request is honored. If this occurs, individuals will remain part of the sample, and team members may need to speak with additional people to gather sufficient, accurate information.

Team members routinely contact guardians. They also speak with family members unless the individual knowingly objects. Team members will also speak with staff who know the individual well and who work most closely with the person on a day-to-day basis.

In all instances the team member contacts the service coordinator, who can provide valuable information regarding the individual. The nature and extent of the contact may vary depending on the service coordinator's familiarity and involvement with the individual, but in all cases the service coordinator is consulted.

When conducting a licensing review only, discussion may be more limited.

Documentation

Some documentation is reviewed as part of the survey process. Documentation review is an important supportive element of the survey process but must be evaluated in the full context of the review, including facts garnered through observation and discussions.

Pertinent information that is reviewed includes money management records, medication records and other medical information, behavior plans, incident and restraint reports, safety plans and fire drill records. In addition, the ISP can provide a wealth of information about the ISP team's work and decisions made about major components of an individual's life, such as consent for a support, which is reviewed under licensure, and supports provided to assist an individual to meet his/her goals and desires, which is part of the certification review.

Prior to the survey, the public logs of complaints and the decision letters and action plans with respect to completed investigations that occurred since the last survey are reviewed. Pending investigations or those under appeal are not incorporated in the review. This information is used by the team to sensitize them to issues of concern within the context of the entire review. The team member also reviews whether follow-up has occurred with respect to action plans and whether the agency has taken appropriate measures to assure that the situation will not recur.

b. Organizational Review

The survey reviews an agency's services at a point in time, determining the strength of supports to individuals at that time. It is important to evaluate whether an organization has strong systems to ensure positive supports that endure over time. The organizational review is an integral part of the survey and is intended to determine how the provider positions itself to support quality. There are a multitude of ways in which a provider can address the quality of its supports. Rather than being prescriptive, the intent of the organizational review is to evaluate whether the agency has strong systems to safeguard individuals (part of the licensure review) and is committed to self-examination, continued service enhancement, and support of its staff (part of the certification review). Team members will interview key members of the agency's leadership and will review documentation regarding quality assurance and risk management activities, efforts to involve individuals, families and staff in ongoing planning efforts and staff training and development activities.

c. Safeguards Systems Reviews

When conducting the licensure and certification process for a provider, a random sample is selected which is both representative and proportional of the services the provider offers. This assures that the survey team arrives at a level of certification for the provider which reflects the diversity of the services offered, as well as the proportion each service represents of the provider's total array of services. In order to assure that all homes providing 24 hour supports are visited even if they are not selected as part of the

representative sample for a full review, a Safeguards System Review is conducted. The primary purpose of the Safeguards Systems Review (SSR) is to assure that the agency has the necessary safeguards in place to protect the rights, health and safety of individuals in the homes not subject to full reviews, without creating an imbalance in the sample selection process.

Process to be Followed

For homes providing 24 hour support which are over and above the number necessary to arrive at a representative sample, a Safeguards Systems Review is done which consists of a review of the outcomes in Quality of Life Areas #1 (Rights and Dignity) and #5 (Personal Well-Being). The outcome of this Safeguards Systems Review is not rated and does not become part of the provider's ratings in the Quality of Life Areas. Information from SSRs is used in determining the findings and ratings in the Organizational Outcomes. Further, information from the reviews are given to the provider and Department to ensure follow-up identified on issues affecting the rights, safety and health of individuals.

See Appendix D-1 for further information and guidelines

d. Respite Review

Site based respite services are subject to licensure. While the Quality Enhancement Survey Tool is utilized as the basis for licensure for this service, the process is somewhat different due to the temporary nature of the service and the short term stays of many different individuals over the course of a year.

Individual services are evaluated within the Quality of Life areas and are reported out separately, but do not impact the overall ratings in the Quality of Life area. Information from the survey of respite services are used in rating outcomes for the organization.

i. Sample Selection

A. Unlike sample selection for other services, the sample for respite is selected at the time the review commences.

B. The surveyor obtains a listing of all the individuals served at the respite services over the past year from the provider. This is an unduplicated count, so if an individual used respite more than one time he or she is only counted once.

C. The sample size is determined by using the chart below, which is based upon the total number of individuals served at all of the provider's respite homes over the course of the past year.

# Individuals Served	Sample Size
1-9	3
10-19	4
19-50	5
51-80	8
81-110	10
111-130	12
131-150	14
151-180	16
181-200	18
Over 200	10%

D. Once the total sample is determine, the number of individuals surveyed is divided in proportion to the number of individuals who had been served in each home over the past year.

Example: 150 individuals served (60 in home #1, 90 in home #2); total sample = 14; sample in home #1 = 6 and home #2 = 8.

E. In order to assure that the provider's supports in certain critical areas are reviewed, the sample of individuals chosen is more focused to include:

- Individuals who have a current behavior plan; and
- Individuals who have a medical condition to which staff need to respond and about which staff need to be knowledgeable; and
- Individuals who take prescribed (not just over the counter) medications at respite; and
- Individuals for whom respite is a planned stay; and
- Individuals for whom respite is provided on an emergency basis.

F. If the provider did not serve any person in the last year who met one or more of the above criteria, that criteria need not be used in selecting the sample.

G. Where possible, select individuals for the review who are currently being served at respite. If that is not possible, complete the sample, with individuals who had been served at respite within the past year.

ii. Rating the Respite Service

A. Complete a "yes/no" response for each applicable indicator for each individual in the sample. If not enough information is available to do a "yes/no" response, a "not applicable" response may be applied to that outcome.

D. Using the tallies of the "yes/no" responses as a guide, one cumulative rating is assigned to each applicable outcome in the tool.

See appendix B-2 for further information and guidelines on respite

e. <u>Situations that Require Action</u>

During the course of a survey, a team member may encounter a situation that either creates an immediate threat to the health or safety of an individual, or one, if not corrected in a timely manner, would place the individual in harm's way. In these situations, two courses of action exist – the issuance of an "Immediate Jeopardy" notice or the issuance of an "Action Required" notice. In both instances, the issuance of this type of action represents a departure from the ongoing flow of the survey. Because this course of action is intended only for those circumstances that place people at risk, it should be used judiciously. Providers need to act promptly to correct these situations.

Immediate Jeopardy

A situation where the life, health, safety and/or dignity of an individual is severely jeopardized if not immediately corrected is deemed to be an "Immediate Jeopardy." The determination of whether a situation puts someone into immediate jeopardy is based upon the type of situation and the needs and capabilities of the individuals. The team member determines the likelihood that the condition would result in serious injury and also looks for what safeguards are in place to mitigate the likelihood of immediate harm before arriving at a decision that a situation involving immediate jeopardy exists.

If the determination is made, the team member immediately notifies the provider, the Regional QE Director, the team leader of the survey, the Regional Director and the Area Director. This situation must be corrected within 24-48 hours unless otherwise indicated and the provider must take any and all action necessary to correct the situation. The team member validates that the situation has been corrected within the designated time frame. If the situation is not corrected, the Area and Regional Director must take appropriate action to assure the safety of the individual(s) deemed to be at risk as a result of the provider's inaction.

Action Required

During the course of the survey, a team member may encounter a situation that, while not placing an individual in immediate jeopardy, has the potential for harm if not corrected. In such circumstances, the team member completes an "Action Required" notice and the issue will be subject to follow-up, typically within a 30-day time frame.

Mandated Reporter

As is true with all DMR employees, survey team members are mandated reporters and, as such, are required to follow appropriate procedure in all cases where a reportable condition exists pursuant to Chapter 9 of the DMR regulations or 19C of the Disabled Persons Protection Commission.

5. Assigning Ratings

When the team members have completed all aspects of the survey process for each individual whose services they review, they assign ratings for each outcome. The surveyor worksheets contain the ratings for each outcome as well as all the specific comments and findings that led them to their conclusions.

All ratings are based upon the team members' actual observations, discussions, and documentation reviewed. There may be instances where a team member "feels" that something is occurring, however, if it cannot be substantiated, it will not be included in the ratings.

6. Consensus Process

The consensus meeting is one of the most critical components of the survey process. It is at this point in time that team members formulate conclusions regarding compliance with the licensure outcomes, the quality of the certification outcomes if reviewed by DMR, and the impact of the findings on the quality of life of individuals served. Team members come prepared to discuss and substantiate their findings.

The consensus meeting is the time for each team member to share his/her findings and for the team to integrate these findings into patterns, trends and practice for the whole agency. These patterns and trends form the basis for both commendations, suggestions for service enhancement and areas needing improvement in the provider report.

7. How Information is Shared

The survey team gathers a wealth of information regarding the quality of the provider's supports during the course of the survey. The integration of this information into patterns, trends and service practices for the agency, in terms of areas where excellent supports are being provided as well as where improvements can be made, forms the basis for feedback to the agency.

While the survey process leads to licensure and certification for the agency, the overarching goal of the survey is to collect and share information with the provider that will ensure basic safeguards are in place and lead to continued service enhancements for the individuals the provider supports. The way in which information is shared with the provider, therefore, is essential to the overall success of the service enhancement process.

Information is shared with the provider in two primary formats – the service enhancement meeting and the written reports. They are described in greater detail as follows:

a. Service Enhancement Meeting

The Service Enhancement meeting is intended to further the partnership of the provider, quality enhancement staff, and DMR operations staff in providing supports that ensure

basic safeguards are in place and improve the quality of individuals' lives by facilitating a constructive dialogue concerning the findings of the review.

In order to facilitate this process, the provider and area office will receive a copy of the written provider report 2 days in advance of the meeting. This will enable the provider to come to the table prepared for an interactive discussion of issues. At this point in time, the provider report is a draft document, subject to change as a result of supplementary information, which may be submitted during or up to five days after the service enhancement meeting. The final report is sent to the provider within 30 working days after the service enhancement meeting.

The service enhancement meeting should be limited to key provider staff, a representative from the DMR area(s) that contracts with the provider and the survey team. The team will summarize the main findings of the survey, but will not present the report verbatim. The meeting should be a time to discuss both areas where supports are enhancing the lives of individuals as well as where service improvements need to be made. It is also a time where discussion regarding areas for future technical assistance may be helpful. The meeting is also a time for the provider to give input regarding information that it believes to be incomplete or incorrect. While no final changes will be made at the time of the service enhancement meeting, the provider will be given a specified time to submit supplementary information prior to the issuance of the final report.

The provider may also request an open exit meeting be held immediately following the service enhancement meeting. The exit meeting should be a summary of overall findings. The meeting would be open to individuals, families, provider staff, DMR staff, and anyone else the provider would find constructive to include.

b. Provider Report

The written report to the provider contains three freestanding sections:

i. Executive Summary

The Executive Summary provides a concise synthesis of the key findings of the evaluation process and the current status of the organization's service quality.

ii. Quality of Life Scoring Summary

A chart is provided for each Quality of Life area, which identifies the organization's rating for each outcome and the overall number of yes/no responses given for each indicator. The data outlines the actual performance of the organization relative to each of the service quality indicators reviewed and within each service type. It also displays the overall percentage of "yes/no" responses for the sample of individuals whose supports were reviewed in the survey. Commendations, suggestions for service enhancement and areas needing improvement follow each scoring summary.

iii. The Safeguards Summary

The third component of the report that the provider receives is a summary of issues relating to licensure outcomes for individuals. The information will be presented by location. Because the information identifies addresses of services, it is be part of the public record.

All sections of the provider report are mailed to the provider and to the area and regional offices that contract with the provider. Once finalized, sections A and B of the provider report are a public document and requests for copies can be made through the Regional Quality Enhancement Office responsible for the survey.

c. Individual Scoring Summary

For each individual whose services are reviewed as part of the survey, a separate scoring summary is generated. This summary outlines the actual performance of the agency in supporting an individual. The summary presents the rating for each outcome reviewed and the yes/no response as to whether each indicator was present . Since the individual scoring summary references individuals by name, it is not part of the public record.

8. Levels of Licensure

Upon completion of the survey, the provider receives a level of licensure. The criteria for the different levels of licensure are as follows:

Two Year License

A Two Year License is granted when a provider receives an overall "achieved" rating in the licensing Quality of Life areas of Rights and Dignity and Personal Well Being and a rating of "achieved" or "partially achieved" in the organizational outcome for agency systems to safeguard individuals.

Conditional One Year License

An agency receives a Conditional One Year License if it receives an overall rating of "partially achieved" in either or both of the Quality of Life areas of Rights and Dignity and Personal Well Being and/or a "not achieved" in the organizational outcome for agency safeguard systems.

A Conditional License is valid for one year. Any agency with a Conditional One Year License will have the following restrictions:

1. The agency is not eligible to receive any new contracts unless the identified deficiencies are determined to be corrected based on follow up, which occurs within 60 days after the Service Enhancement meeting.
2. The agency will not be eligible to use a deemed accreditation process in lieu of the DMR certification review.
3. The agency will be subject to a licensure and certification review in one year.

Recommendation for Non-Licensure

An agency is recommended for non-licensure if it receives:

1. A rating of "not achieved" in either or both of the Quality of Life areas for Rights and Dignity and Personal Well Being.
2. A Conditional One Year License in two consecutive surveys.

The appropriate Regional and Area Directors are notified of a recommendation not to license a provider. The Regional Director can either:

a) accept the recommendation to de-license the provider, or
b) develop a specific action plan in conjunction with the provider to improve the services to individuals served by the agency. Any action plan shall be subject to follow up by the survey team no later than 90 days after the issuance of the provider report.

9. Implications of Certification

Agencies that receive an "achieved" rating for all licensing outcomes through a DMR survey, with no follow-up required as a result of the "33% rule" (see explanation on p.33) and an "achieved" rating for all certification outcomes will be designated a Distinctive Agency. Because a distinctive agency has demonstrated consistently superior supports in all areas, it will only be required to participate in a licensing review at the time of its next scheduled review. At the time of that review, if the agency again receives an "achieved" rating in all licensure outcomes, it will maintain its distinctive status until the time of its next review, at which time the agency will need to participate in both a licensure review through DMR and a certification review through DMR or a deemed accreditation agency. As long as an agency maintains its distinctive status, it need only participate in a certification review during alternate survey cycles. (See chart on following page)

10. Follow Up

Follow up on issues identified during the survey process serves a number of important purposes. The primary purpose is to assure that situations that put people's health and safety at risk are rectified in a timely manner.

Follow up occurs only in outcomes reviewed for purposes of licensing in the areas outlined below.

1. Immediate Jeopardy

   Follow up occurs within 24-48 hours of the identification of issued determined to place an individual in immediate risk.

LEVELS OF LICENSURE AND CERTIFICATION			
LEVEL OF LICENSURE	**CRITIERIA**	**FOLLOW-UP**	**RE-LICENSURE**
TWO-YEAR	• Achieved in Quality of Life Areas – ▪ Rights & Dignity ▪ Personal Well-Being • Achieved or partially achieved in ▪ Organizational Outcome-Safeguards	Follow-up in any outcome that receives a rating of partially achieved or lower, or any outcome that reaches the 33% threshold in any flagged outcome	Full Licensure and Certification Survey in 2 years
CONDITIONAL ONE-YEAR	• Partially Achieved in either or both Quality of Life Areas – ▪ Rights & Dignity ▪ Personal Well-Being and/or ▪ Not achieved in the organizational Outcome-Safeguards	Follow-up in any outcome that receives a rating of partially achieved or lower, or any outcome that reaches the 33% threshold in any flagged outcome	• Full Licensure and Certification Review in 1 year • Provider cannot receive any new contracts until corrections are made and verified • Provider cannot use deemed accreditation process
NON-LICENSURE	• Not achieved in either or both Quality of Life Areas – ▪ Rights & Dignity ▪ Personal Well-Being or • 2 consecutive conditional one year licenses	Only if provider does 90 day action plan as approved by Regional Director	None. Non-licensed agencies no longer provide services.
CERTIFICATION STATUS	**CRITERIA**		**RE-CERTIFICATION**
WITH DISTINCTION	Achieved in all Quality of Life Outcomes and achieved in all Outcomes for the organization (and no follow-up required as a result of 33% rule)	No follow-up	Licensing Survey only in 2 years. Licensing and certification review in next cycle (4 yrs)
CERTIFIED	Report designates number of Quality of Life areas achieved.	No follow-up	Licensing and certification review in 2 years

2. Action Required

   Follow-up occurs within 30 days of the identification of issues determined to require action. These issues, while not placing the individual in immediate jeopardy, should not be allowed to continue for an extended length of time.

3. Licensure Outcomes

   Follow-up occurs within 60 days of the Service Enhancement Meeting when an overall rating in a licensure outcome receives a partially achieved rating or lower, or when 33% of the individuals in the sample receive a partially achieved rating or lower in a flagged outcome. The results of follow-up are outlined in a follow-up report, which is sent to the provider, involved area directors and involved regional directors. Follow-up can occur with agencies that have received either a two-year license or a conditional one-year license. Follow-up for agencies that received a Conditional One Year License has a direct bearing on whether the agency will be allowed to receive new contracts before their next scheduled review. Agencies will be allowed to receive new contracts only if all areas needing improvement have been corrected at the time of the follow-up review, which occurs within 60 days after the service enhancement meeting.

   The survey team does not require providers to submit a formal plan of correction prior to either a follow-up visit or the next survey. Providers are expected to correct or improve their services and supports in all areas identified in the final reports and may be required by the Area or Regional Director to submit a plan to them. While the primary responsibility for correcting areas identified as needing improvement rests with the provider and staff from the DMR Area and Regional Offices, quality enhancement staff are available to provide technical assistance and support during this process.

11. Administrative Reconsideration and Appeals Process

As discussed previously, it is the intent of OQE that the survey be conducted in an open and communicative manner. Surveyors should be discussing issues, concerns and areas needing improvement with representatives of the provider during the course of the survey. There are also opportunities up until the time the final report is issued to raise issues with respect to the findings and to submit supplementary information. However, there still may be times when a provider disagrees with certain findings in the final report. Two processes, administrative reconsideration and formal appeal, are in place when providers disagree with the survey findings.

1. Administrative Reconsideration

If the provider so chooses, it may file a request, in writing, for an administrative reconsideration of either or both of the licensure and certification findings, or any portion thereof, in all cases with the exception of a de-licensure decision. The request must be sent to the Regional QE Director within 10 working days after receipt of the final report. The request must be very specific with respect to what outcomes are being challenged and why. The Regional QE Director will notify the

appropriate Regional and Area Director, the Director of Survey and Certification and the Assistant Commissioner for OQM when a request for administrative reconsideration has been made.

The Regional QE Director has primary responsibility for conducting the review, unless that Director was either a team leader or team member on the survey in question. In that case, the review will be conducted by the Director of Survey and Certification.

A provider can request an administrative reconsideration on the basis of the following criteria:

a. The provider disagrees with either the facts or the conclusions in the final provider report.

b. The provider disagrees with the timelines for correction of areas needing improvement and follow-up.

A provider cannot request administrative reconsideration for any of the following reasons:

a. The provider disagrees with the nature, content and/or values of the survey and certification tool.

b. The provider challenges the composition of the team.

c. The provider disagrees with the methodology developed for scoring the survey.

d. The provider challenges the sample composition/ methodology.

In conducting the administrative review the Regional QE Director can speak with team members and/or provider representatives as well as review any and all relevant back up and documentation of the surveyor or provider. The Regional QE Director must render a decision, in writing, within 30 working days of receipt of the request. The decision letter shall clearly state the conclusions reached and the rationale for those conclusions.

If the provider chooses, it may request a second level of administrative reconsideration, in writing, to the Director of Survey and Certification within 10 working days of receipt of the decision letter by the Regional QE Director. If the Director of Survey and Certification conducted the first level of administrative reconsideration, the Assistant Commissioner of Quality Management would complete the second level. The Director of

Survey and Certification has 30 working days to conduct the second level of review and must notify the provider of his/her decision in writing. The purview of the second level of reconsideration is distinct from the first. The second level is not a review of the substantive facts that were reviewed during the first level of reconsideration. Rather, the second level of reconsideration is conducted in order to assure that all appropriate procedures were followed and relevant material included in the first level of reconsideration process. The provider may not submit information at this point in time that was not part of the first reconsideration request. In the case of the second level of administrative reconsideration, the decision of the Director of Survey and Certification is final.

2. <u>Appeal Process for Non-Licensure Recommendations</u>

a. <u>Within DMR</u>

A recommendation not to license a provider has serious consequences and therefore is subject to significant review prior to a final determination.

In all instances where a team recommends non-licensure, the Regional QE Director will review the team's decision. The Regional QE Director shall review the pending recommendation with the Regional Director(s) of the regions in which the provider operates. The Regional QE Director shall inform the Assistant Commissioner for Quality Management and the Regional Director shall inform the Assistant Commissioner for Operations relative to their concurrence or non-concurrence with the non-licensure recommendation.

The Assistant Commissioner for Quality Management, the Assistant Commissioner for Operations, the Deputy Commissioner and the General Counsel jointly will review all recommendations for non-licensure before the Assistant Commissioner of Quality Management presents a final recommendation is presented to the Commissioner. The Commissioner will notify the provider in writing of the decision of non-licensure. The decision for non-licensure pertains only to those services that DMR has reviewed as part of the survey process.

The provider can request a Commissioner's review of the non-licensure decision, in writing, within 10 working days. The Commissioner retains final authority over all de-certification decisions.

b. Outside of DMR

The provider can request a formal administrative hearing to appeal the Commissioner's non-licensure decision in accordance with provisions in M.G.L. Chapter 30A. If the formal hearing upholds the non-licensure decision, the provider is not licensed and the agency's contracts will be terminated. The timelines for terminating contracts and moving supports to another agency will be negotiated with the provider and the area and/or regional office and are contingent upon many operational and safety concerns.

V. THE CERTIFICATION TOOL AND PROCESS FOR INDIVIDUAL SUPPORT SERVICES

A. Tool for Certification of Individual Support Services

1. Development of the tool

DMR offers individual support services to a wide array of individuals. Individual support services are defined as supports provided to individuals who need limited forms of assistance either on a temporary or ongoing basis in a number of specific areas, that enable them to live as independently as possible. Services are geared to:

a) individuals who have demonstrated the capacity to manage many aspects of their own lives independently but need and are willing to accept limited supports,
b) individuals who do not seek DMR supports and may not cooperate with DMR intervention but who may benefit from the provision of such supports to help stabilize their behaviors or situations and reduce the risk of harm to the individual and/or the community,
c) individuals who receive Medicaid funded Adult Foster Care of Group Adult Foster Care and DMR funded supports from someone other than their Medicaid funded foster care caregiver,
d) individuals who receive ongoing supports from a DMR funded provider agency in addition to their Medicaid funded PCA services.

Up until the present time, there has been no standardized process to evaluate the quality of supports offered to this group of individuals. While there is agreement that it is important to have an evaluation process in place, there is also agreement that due to the limited nature of supports offered by the DMR provider and the self directed nature of these services, the Quality Enhancement Survey Tool (QUEST) described in the previous section is not applicable to this service. The individual supports evaluation tool described below is a newly developed tool and is the result of a lengthy planning process involving providers offering this unique service, as well as DMR staff. It was piloted in December 2003 and final changes made as a result of the pilot experience.

Due to the limited nature of the supports offered by the DMR provider, and the focus on the individual's right to design and determine the services to be provided, the tool described below focuses more heavily on the processes the provider utilizes to assist an individual rather than the outcomes that individual achieves. Again, due the reasons just delineated, the survey process is used to **certify** the quality of supports, **not as a basis for licensure.** Information is shared regarding both the quality of the provider-arranged supports as well as issues affecting the overall quality of the individual's life.

2. Description of the Tool

a. Part I- Individual Service Quality Review

The individual supports evaluation tool measures the quality of the services for which the DMR contracts. Since individuals receiving these services are the primary decision makers in their lives and in large measure determine the nature of scope of supports, this section of the tool focuses on the manner in which the provider assists the individual in those areas to which the individual has agreed. The tool measures the quality of supports in four areas. Each area begins with a theme statement that, in broad terms, describes the intent and philosophy behind the area. Each area is further divided into a number of indicators that are reflective of the area being reviewed. The indicators contain interpretive guidelines that assist both the surveyors and the provider to better understand what information will be gathered to determine the presence of the indicator. The guidelines serve as examples, but are not intended to be exhaustive in nature.

The areas and indicators are:

Area #1 – Responsiveness/Flexibility
Indicators

A. Provider has a mechanism to determine what the individual's needs are.
B. Provider is aware of the degree to which the individual will accept supports
C. Provider is offering supports in areas identified and consistent with the individual's willingness to engage
D. Provider has the flexibility to modify supports when needed by the individual

Area #2- Choice /Control/Informed Decision Making

A. Staff assists individuals to understand their rights and responsibilities
B. Staff have an understanding of the individual's capability to make informed decisions
C. Individuals are given support to make informed decisions about where they live, work, recreate, spend money , with whom they have relationships and other significant lifestyle choices
D. Individuals have opportunities to participate in the selection and evaluation of staff

Area #3- Safety/Emergency Response Capability

A. Staff offers information and support to assist and individual to be safe in their home

B. Staff offers information and supports to assist an individual to recognize danger and take action in their home, work place and neighborhood
C. Staff educates the individual about what to do and who to call in the event of an emergency
D. Staff has supports in place if individuals make decision that put them at risk
E. Staff responds effectively when an individual's decisions impact on the rights and safety of
F. Staff collaborates with others if there is a risk management plan in place
G. Staff are aware of mechanisms to report a situation when an individual has been mistreated or harmed and take appropriate action

Area #4- Outreach and Advocacy

A. Staff engages in outreach efforts to other agencies, groups, community resources and natural supports in order to support an individual
B. Staff effectively coordinates the efforts of an array of community resources where appropriate
C. Staff assist the individual to get the services they need

b. Part II- Organizational Review

In addition to a review of agency supports to individuals, there is a review of agency systems to maintain and enhance positive supports. The organizational outcomes measure agency strength and coherence within three major areas:

Outcome 1: The organization has systems in place to safeguard individuals

Outcome 2: Staff have the skills and knowledge to support the quality of life of individuals

Outcome 3: The organization supports growth and change to continually improve its supports to individuals

Agencies that are subject to licensure and certification for other services undergo the organizational review in conjunction with their review of other services. Agencies offering only individual support services have the organizational review done at the time of their certification review for individual support services.

c. Part III- DMR Service Planning and Oversight Role

Due to the unique needs and willingness of this group of individuals to accept supports, Area Offices often play a pivotal role in planning, risk

management and oversight activities. This section of the tool involves discussion with the Area Office regarding planning processes, risk review and oversight responsibilities.

3. Scoring System and Ratings

The scoring system used to report findings as a result of the individual supports review is derived from the cumulative ratings for each individual survey in the sample. Each individual surveyed receives a "yes" or "no" rating based upon the supports provided in the particular indicator under review. The survey team uses the cumulative ratings of the individuals sampled to arrive at the patterns, trends and practices of the provider. The ratings are cumulatively reported for each indicator reviewed (some indicators may not be applicable for a particular person reviewed) as a percentage of yes/no's.

Arriving at a rating for an indicator

Each of the indicators is rated for the individual reviewed by using a "yes", "no" or "not applicable" designation. Following is an explanation of the ratings:

YES
The indicator is present at this point in time for the individual. Services and supports are in place. A rating of "yes" is given if the indicator is substantially present and the preponderance of evidence is positive. Due to the self determined and directed nature of these services, it is critical to bear in mind that actual outcomes in people's lives are not being measured. Rather a rating of "yes" is indicative of the fact that the necessary supports are being provided effectively.

NO
The indicator is not present. Services and supports are either minimally in place or absent. When assigning a rating of "no" there is a preponderance of evidence that the staff of the agency are not providing the necessary supports, have given little or no thought to strategies that would assist the individual, have not implemented any productive supports over time, or are not addressing a major area in the specific indicator under review.

NOT APPLICABLE
There may be times when a particular indicator is not rated (N/A). This is used when the indicator does not relate to the service being reviewed.

B. Survey Process for Individual Support Certification

1. Sample Selection

Introduction

Given the unique nature of each individual's supports, the sampling methodology is established as a random selection process, in order to arrive at an assessment of the individual's services.

Sample Methodology

# Individuals	Sample Size
1-9	3
10-19	4
19-50	5
51-80	8
81-110	10
111-130	12
131-150	14
151-180	16
181-200	18
Over 200	10%

This number will be a random selection of individuals whose service design fits within each of three individual supports categories:

1. Individuals who have demonstrated the capacity to manage many aspects of their own lives independently but need and are willing to accept limited supports,
2. Individuals who do not seek DMR supports and may not cooperate with DMR intervention but who may benefit from the provision of such supports to help stabilize their behaviors or situations and reduce the risk of harm to the individual and/or the community,
3. Individuals who receive ongoing supports from a DMR funded provider agency in addition to their Medicaid funded PCA services.

Sample numbers will be computed based on the total number of individuals defined in the categories above. Individuals in the following categories will be excluded from the review process due to the fact that their services are evaluated through other mechanisms:

1) Individuals who are getting 3177 services **in addition** to DMR funded residential supports,

   Example: Individual is in a DMR residential support and a supplemental service is provided. This could be a recreational support not contracted for with the residential provider, or any other supplemental service.

2) Individuals who are getting only representative payee services that are reviewed by the Social Security Administration,

3) Individuals who are receiving adult foster care services and individual support services.

4) Individuals who are getting supplemental administrative support for PCA services, not direct support time.

Surveyors will adhere to the same notification and timeline guidelines utilized in the DMR survey and certification process. Individuals will have the right to choose not to be interviewed as part of the evaluation process. In addition, due to the nature of the services offered under the individual supports model, the team will need to work very closely with the provider to assure that inclusion in the sample does not create any circumstances that might impact negatively on the individual or his or her willingness to accept supports. As with the DMR licensing and certification process, there may be extenuating circumstances that would preclude individuals chosen as part of the sample from involvement in the review. Examples of such circumstances might include the hospitalization of an individual, absence due to vacation, or some other situation in the individual's life which would make conduct of the survey an undue burden for the individual. In such situations, the provider should consult with the survey team and make alternative arrangements prior to the beginning of the survey.

2. Scheduling and Notification

Once the Central OQE office receives the completed application, the process of scheduling the survey begins. Regional and Area Directors receive notification of the survey schedule and the names selected as part of the sample.

Once the specific sample is selected the survey team leader will notify the agency liaison. Notification to the agency is made 21 days in advance of the survey. At this time, the Area Office and the provider will be asked to complete the Individual Supports Profile jointly which identifies what indicators, in addition to those always required, apply for each individual selected as part of the sample. Due to the individualized nature of the services offered under this model, preparation with the provider and DMR area office is critical to its success. It is anticipated that the Individual Service Plan (ISP) and the contract with the provider will be used as the basis for discussion. Please note that some indicators are always rated.

The Individual Supports Profile needs to be returned by the start of the survey. Once the Individual Supports Profiles are obtained from the area office, the surveyor should clarify any indicators that are in question.

Individuals selected as part of the sample (and their service coordinators) are notified in writing 15 days prior to the survey.

Notification to the individuals selected as part of the sample is critical for two important reasons. First, QE staff need to be respectful of an individual's right to be fully informed

of the process in which he/she will be involved. Second, the survey process is much more productive and results in richer information if the individual is an informed and cooperative partner in its implementation.

The primary responsibility for speaking with the consumer rests with the service provider. The primary emphasis of the message to the individual should be that the subject of the evaluation is the quality of the services the provider offers, not the individual. The guardian of the individual selected as part of the sample, if there is one, also receives a notification letter at this time.

There may be instances where an individual chooses not to be interviewed directly. DMR recognizes and honors the individual's right to refuse to be interviewed personally, but nevertheless maintaining the individual in the sample and evaluating the quality of his/her services.

Scheduling of specific visits is arranged at the participants' mutual convenience, balancing the time constraints of team members with the need to be sensitive to the routines of daily life of the individuals in the sample and provider staff. The role of the provider liaison is critical to the success of the process.

3. The survey team

The Regional Quality Enhancement Director is responsible for determining the composition of the survey team.

In selecting team members for a particular survey, the Region QE Director assures that proposed team members have no interest in the provider or individuals being surveyed that might compromise the integrity of the process. QE staff adhere to the conflict of interest policy developed by the Department and included in Appendix E to this manual. Providers are informed of the team composition well in advance of the survey and are given the opportunity to request a change in membership prior to the onset of the survey. The basis for any request, however, must be consistent with the criteria outlined in the conflict of interest statement.

Team Size

The size of the team will vary depending upon the size of the provider. In some circumstances, where a provider is serving a very small number of individuals, the survey may be completed by one team member. When a provider supports individuals through a variety of different service models, the survey team for the Individual Supports model will generally be a subset of the full team. In situations in which the provider offers services in several regions, one QE region will be assigned to be the "host" region, and team members may be drawn from the other regions where the provider serves individuals.

4. Conduct of the survey

Setting the tone

The team leader will work with the provider liaison to establish the general framework and schedule of the survey. If requested by the provider, the team will provide Individual Support information during an orientation to the provider. In addition, for agencies that may be unfamiliar with this process, the team will offer to hold an orientation session for agency staff to outline what to anticipate during the course of the survey and to set the tone for the review.

As with other licensure and all certification processes, contacts with the provider , should be characterized by an open and honest flow of communication between all involved. The team leader and team members are expected to communicate with provider representative at all stages of the survey. While the service enhancement meeting is scheduled for the end of the survey review, the flow of communication during the various visits and observations should lead to "no surprises" at the conclusion of the process.

Due to the targeted nature of supports provided and the emphasis on the individual's right to determine and direct the extent of those supports, the review process will be distinguished from that utilized when reviewing individuals receiving residential supports. It is anticipated that there will, by necessity, be a greater reliance on direct discussions with individuals, supporters and service coordinators and less emphasis on documentation and observation.

Additionally, it is not always possible to hold the DMR provider for all aspects of the individual's life. Therefore, the conduct of this certification process seeks to identify those positive areas and areas for further consideration in the individual's life so that the individual, with the assistance of the provider and the area office, can have necessary information to make improvements and changes.

a. Individual Review

The surveyor utilizes three different techniques to collect information on the individual supports services and the individuals' lives: observation, documentation, and interviews with the individual and with key people in the individual's life.

Due to the targeted and limited nature of supports provided to individuals under this model, the certification process for this support relies less on observation and more on discussion. Additionally, this certification process is less reliant on specific documentation requirements as many of the expectations for residential supports provided on a 24-hour basis are not necessary or appropriate for use in this model.

Discussions with the individual, people close to the individual, knowledgeable staff, and service coordinators provide valuable information that is incorporated into the survey. Most important is the discussion with the individual. Team members make every effort to assure that the discussion with the individual is a comfortable, non-threatening

experience for the person. Individuals have the right to refuse a personal interview and such requests are honored.

b. Organizational Review

The survey evaluates whether the organization has strong systems to ensure positive supports are endured over time. The organizational review is an integral part of the survey. When an Individual Supports certification review occurs in conjunction with a licensing (and certification) review of other agency supports, the organizational review occurs once and is used as a mechanism to obtain information on provider systems throughout their organization, inclusive of their Individual Support Services.

c. DMR Planning/Oversight Review

Oftentimes, due to the nature of the targeted and flexible quality of Individual Supports, the Service Coordinator has an integral role in the coordination of the person's services and supports. Therefore, the team member will confer with the Area Office, inclusive of the Service Coordinator, to determine the nature and extent of their involvement in each person's services and supports.

d. Situations That Require Action

During the course of the review, team members may see a situation that they feel poses an immediate risk to the health and safety of the individual. In such a situation, the following actions should be taken:

- Immediately inform both the provider and the area office;
- Oftentimes, individuals under this model may make decisions that place themselves at risk even though they are legally competent to make those decisions. If the identified issue is known by the provider and the department, and is in the process of being addressed, the surveyor takes no further action;
- If the situation is new, unknown and not being addressed, the surveyor will send a "Notice of Concern" form to the Area Office, and follow-up within 24-48 hours to determine what type of intervention has been done.
- File a DPPC complaint if there is suspicion of abuse, neglect, or omission.

5. Assigning Ratings

When the team members have completed all aspects of the survey process for each individual, they assign a Yes, No, or Not Applicable rating for each indicator. Specific comments and findings that led them to their conclusions are also noted.

Ratings of Yes, No, or Not Applicable are also assigned for indicators related to the involvement of the area office in service planning and risk management.

6. Consensus Process

Following completion of the review, the team meets to review findings, patterns and themes, and develop a consensus regarding the quality of supports being provided. The

team uses the cumulative "Yes" and "No" ratings as the basis for discussion. This follows the process that is used during the survey and certification process to arrive at a consensus.

7. How Information is Shared

The provider receives a draft of the written report 2 days in advance of the Service Enhancement meeting. Whenever feasible, the individual rating sheets should be forwarded along with the provider report.

a. Service Enhancement Meeting

The Service Enhancement meeting is intended to further the partnership of the provider, quality enhancement staff, and DMR operations staff in providing supports that improve the quality of individuals' lives by facilitating a constructive dialogue concerning the findings of the review. The meeting is a time to share both positive practices as well as to share recommendations regarding areas needing additional attention.

In order to facilitate this process, the provider and area office will receive a copy of the written provider report 2 days in advance of the meeting. This will enable the provider to come to the table more prepared for an interactive discussion. Whenever feasible, the individual rating sheets should be forwarded along with the provider report. At this point in time, the provider report is a draft document, subject to change as a result of supplementary information, which may be submitted during or up to five days after the service enhancement meeting. The final report is sent to the provider within 30 working days after the service enhancement meeting.

When a provider has undergone a review for purposes of licensure and certification, findings regarding the Individual Supports Services are shared within the broader Service Enhancement meeting at which time findings on all service models licensed and certified are discussed. The meeting should be limited to key provider staff, a representative from the DMR area(s) that contracts with the provider and the survey team.

b. Provider Report

The written report to the provider contains:

i. Executive Summary

The Executive Summary provides a concise synthesis of the key findings of the evaluation process and the current status of the organization's service quality for their Individual Support Services model.

ii. Quality of Supports Summary

A chart is provided for each Area, which identifies the organization's overall number and percentages of yes/no responses given for each indicator. Commendations, suggestions for service enhancement and areas needing improvement follow each scoring summary.

All sections of the provider report are mailed to the provider and to the area and regional offices that contract with the provider. Once finalized, this report is a public document and requests for copies can be made through the appropriate Regional Office of Quality Enhancement Office.

c. Individual Scoring Summary

A separate scoring summary is generated for each individual whose services are reviewed as part of the survey, The summary presents the yes/no response for each indicator. The report may include comments on positive aspects of an individual's life as well as areas of concern for the individual. These reports are sent to the provider and the area offices. Since the individual scoring summary references individuals by name, it is not part of the public record.

d. Area Office Report

A summary report on the composite information regarding the area office involvement with the individuals is completed. The involved area offices will receive a copy of the area office report.

8. Implications of Certification

Individual Support Services are evaluated and certified every two years with the exception of those agencies that receive a conditional one-year license. At the present time, since this process is a new one, the results of this certification review will not be integrated into the provider's other certifications to determine Distinctive Status.

9. Administrative Reconsideration and Appeals

As discussed previously, it is the intent of OQE that the survey be conducted in an open and communicative manner. Surveyors should be discussing issues, concerns and areas needing improvement with representatives of the provider during the course of the survey. There are also opportunities up until the time the final report is issued to raise issues with respect to the findings and to submit supplementary information. However, there still may be times when a provider disagrees with certain findings in the final report. Two processes, administrative reconsideration and formal appeal, are in place when providers disagree with the survey findings.

If the provider so chooses, it may file a request, in writing, for an administrative reconsideration of the findings, or any portion thereof, in all cases with the exception of a decertification decision. The request must be sent to the Regional QE Director within 10 working days after receipt of the final report. The request must be very specific with respect to what outcomes are being challenged and why. The Regional QE Director will notify the appropriate Regional and Area Director, the Director of Survey and Certification and the Assistant Commissioner for OQM when a request for administrative reconsideration has been made.

The Regional QE Director will have primary responsibility for conducting the review, unless that Director was either a team leader or team member on the survey in question. In that case, the review will be conducted by the Director of Survey and Certification.

If the provider chooses, it may request a second level of administrative reconsideration, in writing, within 5 working days of receipt of decision letter by the Regional QE Director. The Director of Survey and Certification has 30 working days to conduct the second level of review and must notify the provider of his/her decision in writing. The purview of the second level of reconsideration is distinct from the first. The second level will not be a review of the substantive facts that were reviewed during the first level of reconsideration. Rather, the second level of reconsideration will be conducted in order to assure that all relevant material was included in the review process. The provider may not submit information at this point in time that was not part of the first reconsideration request. In the case of the second level of administrative reconsideration, the decision of the Director of Survey and Certification is final.

Please refer to the information noted above in Section B. Licensure and Certification, 11. Administrative Reconsideration and Appeal for further information on the process and criteria.

VI. OTHER QUALITY ENHANCEMENT PROCESSES

The Office of Quality Enhancement has the responsibility for a number of processes, in addition to licensure and certification, which impact on the quality of supports for individuals. They are described below.

A. Site Feasibility and Pre-Occupancy Approval

The Quality Enhancement Division provides support and consultation to both providers and DMR Area Office staff in choosing appropriate locations for homes, work/community supports and site based respite. In some instances site feasibility is done purely on a consultative basis and approval from the Quality Enhancement Division is not required. In other instances site feasibility is a requirement and a prerequisite to DMR approval to occupy a home, day site or site-based respite location. Listed below are the specific circumstances under which both site feasibility and approval to occupy is required, and those circumstances in which site feasibility is done on a consultative basis.

Site feasibility and approval to occupy required

Approval to occupy by the Office of Quality Enhancement is required for all homes providing 24 hour supports when those homes are owned or leased by the provider. DMR approval to occupy is also required for facility based day supports and for site-based respite supports. It is not required for supported employment sites.

Site feasibility study conducted on a consultative basis

Site feasibility studies and approval to occupy are not required for any homes that are owned or leased by the individual or homes providing less than 24 hour supports that are owned or leased by the provider. QE staff is available, however, to provide consultation regarding the feasibility of any home at the request of a provider or DMR office.

Requests for site feasibility studies should be forwarded to the Regional QE Director who shall assign a QE staff person to conduct the appropriate review. For more detailed information regarding site feasibility and approval to occupy, please refer to Appendix D-2 and D-3.

B. Safeguard Systems Review

Safeguard Systems Reviews (SSR) are conducted to assure that an agency has the necessary systems in place to protect the rights, health and safety of individuals. There are three situations in which Safeguard Systems Reviews could be conducted. They are as follows:

1. A Safeguards Systems Review is always conducted 60 days after a service subject to licensure is initiated for which the provider is not currently licensed. This includes both residential and day supports.

2. A Safeguards Systems Review within 60 days can be conducted at the request of the involved Area/Regional Office(s) for a service that has transferred from one provider to another. This service may have already gone through an Immediate Transfer Review within 7 days of the transfer. This includes both residential and day supports.

3. A Safeguards Systems Review would be conducted during the licensure and certification survey process in every home providing 24 hour staff supports that was not selected as part of the licensure and/or certification review. The Safeguards Systems Review report would be included as an attachment at the end of the Provider Report.

For more complete information, please refer to Appendix D-1.

Immediate Transfer Review

An Immediate Transfer Review will occur when the Regional and Area Office have determined that it is necessary to terminate a provider's contract with or without cause and transition individuals' services to a successor provider. When a contract is terminated for reasons other than the normal RFR process, the Regional Office meets with all interested parties and develops a written transition plan. As part of the transition plan, the Area Office notifies the Office of Quality Enhancement.

The Immediate Transfer Review is completed within seven days after the transfer of the service. The involved Area or Regional Office will be notified of the date of each review and whenever possible will identify a key staff person with knowledge of the individuals to communicate and interface with during each review. The receiving agency will be informed of the date of each review. The detailed process is outlined in the Appendix D-1.

C. Waivers

The Quality Enhancement Division reviews requests for waivers of DMR regulations. QED reviews requests when no other clearly established review mechanism is in place as designated in DMR regulations – CMR 115 Chapters 1.00 – 9.00. Specific situations that will be handled through processes other than the waiver process include the following:

1. Home alone approvals

The decision as to an individual's capability to be at home alone for any specified period of time is one that needs to be made by those closest to the individual. As such, the assessment and the decision will be made by the ISP team, subject to approval by the Area Director.

2. Changes in staffing ratios and fire drill protocols

Chapter 7.00 of the DMR regulations requires the development of safety plans by providers of service. Safety plans describe how the safety and evacuation needs of individuals will be met through a combination of environmental, staff and individual supports. In cases where providers are proposing a change in required staffing ratios or fire drill protocols, these changes will be reviewed in the context of an overall provider safety plan that clearly describes how the safety of individuals in a particular home or work place will be assured. The safety plans are subject to review and approval by Area Directors.

3. Limitations/Restrictions of human rights

Any limitation or restrictions of the rights of individuals receiving supports are subject to review by the human rights committee and peer review committees (if the restriction is part of a Level II or III behavior modification plan).

Appendix D-4 at the end of the manual contains a detailed description of the Waiver process along with the forms that must be used in applying for a Waiver. Also included are specific instructions in circumstances where the provider is applying for a waiver of the 2 ½ minute evacuation requirement from the home [CMR 115 7.08(3)(b)6.a]. In this instance the Regional QE Office will conduct a Fire Safety Equivalency System (FSES) assessment in order to determine if the home provides a safe environment for an extended evacuation time. The FSES forms and instructions are also included in the Waiver Protocol.

D. National Core Indicators Project

Massachusetts is currently one of a number of states participating in the National Core Indicators (NCI) Project. This initiative has developed nationally recognized performance and outcome indicators that enable developmental disability agencies to benchmark the performance of their state against the performance of other states. NCI also enables each state agency to track system performance and outcomes from year to year on a consistent basis. This is not an evaluation tool for provider services and supports, but rather a method of gauging satisfaction and indicator performance across the state.

The core indicators themselves represent consumer, family, systemic, cost and health and safety outcomes. One source of information determining the presence of the outcomes is consumer satisfaction surveys. The Quality Enhancement Division is responsible for conducting these surveys and gathering this information.